

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1869

FEB 17 1937

1. PLACE OF DEATH

County Jasper  
Township Adena  
City Joplin (No. 1024 Moffet)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 508 Gray St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1850</u>		
7. AGE	YEARS	MONTHS
	<u>86</u>	<u>9</u>
		DAYS
		<u>17</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>26</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) <u>Hannibal</u> (STATE OR COUNTRY) <u>Canada</u>
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13. NAME <u>Unknown</u>
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14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)
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15. MAIDEN NAME <u>Unknown</u>
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16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)
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17. INFORMANT <u>Parahy Flaggie</u> (ADDRESS) <u>1024 Moffet, Joplin, Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope Cemetery</u> DATE <u>January 25, 1937</u>
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19. UNDERTAKER <u>Lampier Mortuary</u> (ADDRESS) <u>2507 3rd St. Joplin, Mo</u>
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20. FILED <u>1-28-37</u> <u>Ed. J. Jansen</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to 1-23, 1937

I last saw her alive on 1-22, 1937 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset 1-20-37

Other contributory causes of importance: Arricular Fibrillation 3-25-35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Ed. J. Jansen, M. D.  
(Address) Joplin, Mo.

